

**County of Page**  
COMMISSIONER OF THE REVENUE  
101 South Court Street  
Luray, VA 22835

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540-743-2358

**ACCT.NO.** \_\_\_\_\_  
(For Office Use Only)

**REGISTRATION FORM**  
**PAGE COUNTY 4% LODGING TAX**

(Separate Registration Form  
Required for Each Location  
Unless Registered Together  
With the State Under One  
Business Name)

**Taxpayer ID #:** \_\_\_\_\_  
(SS# and/or FEIN#)

**Virginia Sales Tax Registration  
Number:** \_\_\_\_\_

Applicant \_\_\_\_\_  
(Individual\_\_\_\_) (Partnership\_\_\_\_) (Corporation\_\_\_\_) (LLC \_\_\_\_)

Trade Name(s) \_\_\_\_\_

Business Address: \_\_\_\_\_ VA \_\_\_\_\_  
(Street) (Town) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different from Business Location otherwise write "Same")

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

# of Locations in Page County \_\_\_\_: Dist: SIW \_\_\_\_; MARKSVILLE\_\_\_\_; LURAY\_\_\_\_; SRINGFIELD \_\_\_\_

\* Location of Each \_\_\_\_\_ - \_\_\_\_\_  
(Map No.) (Address)  
\_\_\_\_\_ - \_\_\_\_\_  
(Map No.) (Address)

Date Business Began / or to Begin \_\_\_\_\_

IMPORTANT: Name and telephone number of person responsible for reporting tax if different than applicant.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tele. No: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Applicant)

\* If additional space is needed please check here \_\_\_\_\_, and enter the information on the back of this sheet.